
Permanent Commission and International Association on Occupational Health

Sub-committee on Absenteeism: Draft recommendations

1. Measurement and analysis of sickness absence may need to use elaborate statistical techniques if scientific research is being done, but for day-to-day purposes the occupational physician needs to use only simple procedures.

Definition of terms

We propose that the word *absenteeism* should include absence of the worker from his work, when he is expected to attend, for any reason at all, medical or other.

Sickness absence is absence from work attributed to sickness or injury and accepted as such by the employer or the Social Security System.

2. The sub-committee considers that a common minimum standard of reporting is required if occupational physicians throughout the world are to produce figures that:

- (a) are reasonably comparable;
- (b) allow trends over time to be observed;
- (c) indicate problem areas for further research.

3. If this objective is to be achieved, we must accept two points:

- (a) *Sickness absence* (like accidents) has both frequency (spells) and duration (days). Unlike mortality, it cannot be described by only one measurement.
- (b) Accurate recording is necessary not only for the absences; it is just as important to get accurate figures for the population at risk.

4. Although for scientific research it may be necessary to record many factors, for the minimum standards described in paragraph 2, the requirements are quite simple. It must be emphasized, however, that any publication must clearly define the criteria used, so that other physicians may understand just what has been included and, even more important, what has not been included.

5. The minimum essential information that must be obtained is:

- (a) **Information about the spell (episode) of absence**
Onset—(date or month, whether 1st, 2nd, 3rd, etc., for the individual);

Duration—preferably in calendar days, but working days are allowed if this is made clear. It must also be stated whether one- or two-day spells are included and for how many days one absence can last, 182, 365, etc. We recommend that, if possible, all absences of one day or more should be recorded and their duration, up to 365 days.

Diagnosis—Either the 20 broad groups listed in *Health in Industry* (London Transport Executive, 1956) or the 17 main sections of the manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (World Health Organization, 1967). But if comprehensive records are to be kept for later research, then it may be necessary to record the complete 4-digit rubric of the ICD.

(b) Information about the population

The numbers of persons employed for whom absence data are being collected: this is used to calculate rates usually as 'person years' but occasionally for other periods of time.

Occupation—at least factory and clerical groups

Sex and age—at least under and over 40 years but 10- or five-year groups may be advisable for large populations.

6. Calculation of rates

The sub-committee considers that for normal purposes it is not usually worth calculating absence rates for populations smaller than 100 person years, although this need not apply when other factors such as sex, age, and occupation have been allowed for.

If the numbers employed by the organization change substantially during the year it might be necessary to calculate the population at risk by finding the average from monthly, quarterly, or six-monthly employment figures. When new arrangements for sick absence reading are being set up, the sub-committee considers that two rates at least must be recorded:

$$1. \text{ frequency (spells) } = \frac{\text{No. of spells in year}}{\text{Population (person years)}}$$

$$2. \text{ Duration (days)} = \frac{\text{No. of days' absence in year}}{\text{Population (person years)}}$$

It is also often useful to use other rates, but these are of less importance and should not replace 1 and 2 above. These may include:

$$3. \text{ Point prevalence} = \frac{\text{No. of persons absent on day \%}}{\text{Population employed on that day}}$$

$$4. \text{ Frequency (persons)} = \frac{\text{No. of persons having one or more spells in year \%}}{\text{Population (person years)}}$$

$$5. \text{ Lost time} = \frac{\text{No. of working days or hours lost in a period \%}}{\text{Potential working days or hours in the same time}}$$

7. Although for routine purposes rates are usually calculated for the main groups in occupation, sex, and age, there may be advantage in studying other rates, e.g., injuries, operations, respiratory, digestive, or cases receiving compensation, etc.

8. Proposal for action

The sub-committee recommends that a voluntary system of recording of sickness absence on the lines indicated by the sub-committee should be tried out in a few countries to see whether it is possible to establish some degree of international comparison.

Occupational physicians who would be prepared

to help are invited to submit annual rates of absence for their factories to a national co-ordinator. He will keep the chairman of the sub-committee informed of the number of organizations from which he is receiving such information. It may then be possible to provide some international comparison of absence for the 18th International Congress on Occupational Health.

Meeting in San Paulo, Brazil, 14 September 1972

Members of the Sub-committee on Absenteeism:

Dr. Oswaldo Paulino	— Chairman
	(Brazil)
Dr. Arthur Ernesto Moniz	— Secretary
	(Portugal)
Dr. Peter J. Taylor	— Member (UK)
Dr. Diogo Pupo Nogueira	— Member (Brazil)
Dr. Pedro Sangro	— Member (Spain)
Dr. José H. Molteni	— Member
	(Argentina)

References

- London Transport Executive (1956). *Health in Industry. A Contribution to the Study of Sickness Absence. Experience in London Transport*. Butterworth, London.
- World Health Organization (1967). *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*. 8th Revision, 1965. W.H.O., Geneva.

CORRECTION

'Histochemical study of asbestos fibre coating in experimental carrageenin granulomas' by M. Governa and C. Rosanda Vadalà, vol. 30, pp. 248-252.

The footnote to the Table on p. 250 should read:
 + positive reaction; - negative reaction; ± some asbestos fibres stained; M = metachromasia; nd = not done; * positive reaction with 0.1, 0.2, and 0.5 mol/l but negative reaction with 0.6, 0.8, and 1.0 mol/l MgCl₂.

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 This study was supported by a grant from the Quebec Asbestos Mining Association.